

STATE OF MICHIGAN
Request for Time From
S & E, HSS, MCO, UAW or NERES ANNUAL LEAVE BANK

A. To be completed by employee requesting time (Please print)

Employee Name _____ Employee I.D. No. _____

Department _____ Work Phone _____

My classification falls within:

☐ HSS Unit☐ S and E Unit☐ MCO☐ NERES☐ UAW

- 1) **I have satisfactorily completed the probationary period required** to receive this donation.
- 2) **I have submitted the leave application and appropriate medical certification required for this leave to be approved.**
- 3) **I will have exhausted all my available leave credits** as of _____ (date).
- 4) **I will not be eligible to receive Worker's Compensation** for this absence.
- 5) **I will not be eligible to receive Long Term Disability (LTD) for this absence – or – I will be eligible for LTD and request annual leave donations for lost time during the waiting period.**
- 6) I hereby request the use of _____ hours from my respective Annual Leave Donation Bank from _____ to _____.
- 7) **I am facing a financial hardship** (40 consecutive hours or more of lost time) **due to serious injury or prolonged illness of myself, or my dependent spouse, child or parent (for UAW – immediate family as defined in Article 40).**

Signature_____
Date**B. To be completed by the Union for employees in: HSS Unit, MCO and UAW Local 6000.**

1. I approve the request in Part A. above.

Signature of Authorized Union Official_____
Date**C. To be completed by Human Resources Office / Appointing Authority**

1. I hereby certify that this employee has satisfactorily completed the probationary period required to receive this donation, has exhausted all available leave credits, is facing _____ hours without pay, no long-term disability or Worker's Compensation will be paid during this time, and the absence would otherwise be approved.
2. The total cost of this request is \$ _____ based on requesting employee's hourly rate of \$ _____
3. DTMB/Fiscal Management Division is authorized to deduct \$ _____ (amount from C.2. above) from the following annual leave bank:
☐ Scientific and Engineering **or** ☐ Human Services Support **or** ☐ MCO or ☐ UAW **or** ☐ NERE

Signature of Appointing Authority or Designee_____
Date**D. To be completed by the Office of the State Employer**

1. I authorize DTMB to deduct \$ _____ from the _____ Annual Leave Bank.
2. I hereby authorize the department to add _____ hours of annual leave to the employee's counter as requested above.

Signature_____
Date**E. To be completed by DTMB / Financial Services / Fiscal Management Division**

DTMB/Fiscal Management Division has deducted \$ _____ from the:

☐ H21 – S & E or ☐ E42 –HSS or ☐ C12 - MCO or ☐ W22 or W41 – UAW or ☐ NERES Annual Leave Bank.

The Department is authorized to add _____ hours to the employee's annual leave counter as requested above.

Signature_____
Date

INSTRUCTIONS

Request for Time From S & E, HSS, MCO, UAW or NERES ANNUAL LEAVE BANK

WHO	DOES WHAT
Section A. Employee	<ol style="list-style-type: none"> 1. Completes Section A. 2. Verifies requirements are met. 3. Signs form. 4. If a member of HSS Unit, UAW, or MCO submits form to Union electronically (HSS – Dedwards@seiu517m.org or UAW – E.Jackson@uawlocal6000.org or MCO - Cherelyn@mco-seiu.org for their approval. 5. If employee is not a member of HSS Unit, UAW, or MCO forward request Human Resources Office (Section D below).
Section B. SEIU - Human Services Support Unit UAW Local 6000 or MCO	<ol style="list-style-type: none"> 1. Authorize deduction from the HSS Unit, UAW Local 6000 and MCO Annual Leave Bank. 2. Return request to the Office of the State Employer at DMB-OSE@michigan.gov.
DTMB / Office of the State Employer	<ol style="list-style-type: none"> 1. OSE forwards request to the department Human Resources Office and Employee Benefits Division at MCSC-EBD@michigan.gov.
Section C. Human Resources Office / Appointing Authority	<ol style="list-style-type: none"> 1. Verifies employee eligibility: <ol style="list-style-type: none"> a. Completed required probationary period. b. All leave credits have been exhausted (Annual Leave, Sick Leave, BLT, deferred hours and comp time). c. Employee is not eligible to receive LTD or Workers Compensation. d. Employee's absence would otherwise be approved. 2. Computes value of hours requested. 3. Verifies bargaining unit. 4. Obtains Appointing Authority's or Designee's signature. 5. Human Resources Office forwards request electronically to the Office of the State Employer at DMB-OSE@michigan.gov.
Section D. DTMB / Office of the State Employer	<ol style="list-style-type: none"> 1. Verifies value of hours to be deducted and the appropriate Annual Leave Bank. 2. Authorizes deduction from the appropriate Annual Leave Bank. 3. Authorizes addition of annual leave. 4. Forwards electronic copy to DTMB/Fiscal Management Division at SumnerD3@michigan.gov.
Section E. DTMB / Fiscal Management Division	<ol style="list-style-type: none"> 1. Posts deductions from the Annual Leave Bank. 2. Authorizes addition of annual leave. 3. Keeps copy and sends electronically to OSE (DMB-OSE@michigan.gov), and Human Resources Office.
DTMB / Office of the State Employer	OSE notifies CSC Compliance, EBD and the Union.
Human Resources Office	<ol style="list-style-type: none"> 1. Posts annual leave hours to employee's counter. Distributes a copy to employee.